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ABSTRACT

This report provides consumer information on board and care homes, a housing alternative for older persons which serves a broad spectrum of the population, ranging from those needing a modest amount of care and assistance to those who are physically or mentally disabled, but do not need to be institutionalized. The first section of this two-part book explains what to look for in, and what to expect from, a board and care home. It presents characteristics of board and care homes and discusses what board and care homes are, who owns them, who manages them, home size, licensing, safety, characteristics of residents, numbers and locations of board and care homes, and costs and service packages available. The second section suggests a number of considerations regarding this kind of living arrangement, and then identifies specific qualities to evaluate before choosing a particular board and care home. Advantages and disadvantages of board and care homes are discussed, and potential residents are encouraged to consider house rules, location, licensing, safety, food service, individual needs and services available, discharge policies, and opinions of current residents. Appendix A describes the efforts of some government agencies and private groups to provide, regulate, and monitor the safety and level of care in board and care homes. Appendix B contains a chart of state laws and programs that relate to board and care of elderly and disabled adults. (NB)

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A Home Away from Home

Consumer Information on Board and Care Homes

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Consumer Affairs • Program Department
American Association of Retired Persons

AARP

A Home Away from Home

Consumer Information on Board and Care Homes

Written by Margaret Haske
Edited by Rebecca Cohen

Consumer Affairs • Program Department
American Association of Retired Persons

AARP

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Foreword

Board and care homes go by many names. Among the states they are variously known as halfway houses, adult care homes, shelter care homes, private proprietary homes for adults, and foster care homes.

Unfortunately, the confusion does not stop with the multitude of names. Older consumers who are interested in moving to a more supportive living environment find themselves in a quandary, trying to discern exactly what a board and care home is, whether it is an appropriate living arrangement for them, and what constitutes a good one. Currently, quality of service varies widely. Persons considering the board and care option should carefully examine several factors: size, safety, cleanliness, location, proximity to medical care, whether the home is licensed, and size and qualifications of staff.

I am pleased that AARP has attempted to address these questions, and bring some order out of confusion, with *A Home Away from Home: Consumer Information on Board and Care Homes.* It includes valuable consumer checklists and descriptive information about board and care homes, as well as important references to key legislative and regulatory issues. This book will help to not only advance consumer awareness but also to promote consumer advocacy on behalf of board and care homes. I think it will be a welcome addition to resources about this important subject.

Claude Pepper
Chairman
Subcommittee on Health and Long-Term Care
House Select Committee on Aging

Introduction

Suppose Mrs. Brown, a 75-year-old widow, is living alone in the apartment that has been her home for 15 years. She has friends in the neighborhood, her daughter lives nearby, and shopping is convenient. Mrs. Brown's eyesight has deteriorated in the past few years. She is afraid her appearance is suffering as a result, and it is becoming difficult to shop and to keep her apartment clean. She cannot afford to hire household help, and she feels she should not ask her daughter or friends for any more help than they already give. Mrs. Brown decides to move to a place where she can get regular help with daily tasks.

OUR STORY COULD HAVE A HAPPY ENDING...

With assistance from the local housing and community development office, Mrs. Brown finds a board and care home a few blocks from her old apartment. She now shares a bedroom with a woman whose background is similar to her own. The owner of the board and care home helps Mrs. Brown dress and takes care of her hair. Mrs. Brown sees her friends and her daughter frequently. Mrs. Brown's daughter helps her mother keep her finances in order. Mrs. Brown is very pleased with her decision to move into a board and care home and finds living there to be pleasant and quite satisfactory.

OR A NOT SO HAPPY ENDING...

The only board and care home vacancy Mrs. Brown can find is in another part of town. Her friends cannot visit her there because it is too far away, and there is no private place in the home for entertaining. Her daughter is unable to visit as often as she could when Mrs. Brown lived close by. Mrs. Brown does not get along well with the woman with whom she shares a bedroom. The manager of the home says she is too busy to help Mrs. Brown dress or tend to her appearance. The staff of the home shop for Mrs. Brown's personal needs, but she knows they are not returning all her change. The board and care home is noisy and crowded. Her few complaints to the manager have only created animosity, so she is afraid to complain again. She feels trapped and lonely.

Mrs. Brown is fictitious, but her situation is not. For many people requiring a range of services to meet health, social or personal care needs, in-home services are too expensive or inadequate, while 24-hour nursing care in a nursing home setting is unnecessary. Often this dilemma can be solved by a combination of housing and services that includes supervision and ongoing care as shown in the chart on the following page. Board and care homes provide this type of community-based living arrangement.

Board and care homes serve a broad spectrum of the population, ranging from those needing a modest amount of care and assistance to those who are physically or mentally disabled, but do not need to be confined to an institution. (Table 1, page 6) Because they can serve so many different people, board and care homes are an important, but often neglected, way to meet long-term care needs.

The two endings to Mrs. Brown's story represent the extremes, but either could happen in a board and care home. There are homes where life is pleasant and the services are appropriate for the residents. Others present problems that are sometimes severe.

Careful investigation makes the difference between a happy and an unhappy ending. The American Association of Retired Persons (AARP) has prepared this

book to help those considering a board and care home for themselves or for someone close.

The book is divided into two sections. The first explains what to look for in and what to expect from a board and care home. The second suggests a number of considerations regarding this kind of living arrangement, and then identifies specific qualities to evaluate before choosing a particular board and care home.

There are two appendixes to this book also. Appendix A describes the efforts of some government agencies and private groups to provide, regulate, and monitor the safety and level of care in board and care homes. The appendix is included as a resource for those interested in working on behalf of board and care home residents. Appendix B contains a chart of state laws and programs that relate to board and care.

The information presented was drawn from published and unpublished reports and papers, governmental documents, conversations with federal and state governmental workers, owners of board and care homes, residents and consumer advocates.

TABLE I.

A Continuum of Housing Services Arrangement by Level of Individual Disability*

	Independent limited income	Moderately disabled	Seriously disabled	Chronically ill
Enhance adequacy of independent housing: home sharing, equity conversions, special needs grants for home repair.				
In-home services: home health, homemaker/chore service, and escorted transportation.				
Semi-independent living arrangements: congregate housing and supervised apartments.				
Sheltered living arrangements: board and care homes, domiciliary care, and adult foster care.				
Intermediate care facilities: nursing homes.				

Independent, limited income: does not require personal care or supervision.

Moderately disabled: requires some health supervision, personal care, or help with activities of daily living.

Seriously disabled: non-ambulatory or incapable of self-direction; requires ongoing assistance with personal care or protective supervision.

Chronically ill: health condition requires continuous professional care.

*Derived from *Working Papers on Long-Term Care*, prepared for the 1980 Under Secretary's Task Force on Long-Term Care, U.S. DHHS, October 1981.

SECTION ONE

All About Board and Care Homes

WHAT ARE THEY?

A board and care home is a living arrangement in which a resident is provided room, meals, help with activities of daily living, and some degree of protective supervision. Board and care homes are not certified by Medicaid, but they are sometimes licensed by the state.

ROOM, MEALS, SERVICES & SUPERVISION

Board and care homes are not a new concept, yet they are often confused with other kinds of long-term care facilities. One reason for this is that board and care homes are also referred to as *domiciliary care homes, personal care homes, community residence facilities, rest homes,* and other similar terms. Because of the variety of names used, it is probably best to seek arrangements based on services desired rather than relying on terminology.

It is important to know what board and care homes are not. They are not nursing homes. Some nursing services may be provided by staff or outside personnel, but board and care homes are not medical facilities. Thus, services provided usually are not eligible for reimbursement by Medicare, Medicaid, or private insurance.

THEY ARE NOT NURSING HOMES

A board and care home is not a boarding house providing room and board only. Depending on the resident's needs or preference, and the operator's ability, board and care homes provide meals, transportation, and help with eating, bathing, and other personal care services. The facility manager provides meals, obtains medical care for residents, is responsible for the whereabouts of residents, and makes sure the home is clean, comfortable, and safe. A more complete discussion of potentially available services appears on page 13.

THEY ARE NOT BOARDING HOUSES OR CONGREGATE HOUSING

Board and care homes are sometimes referred to as "congregate housing." In congregate housing, people live in the same building, occupy private rooms or apartments, and share some meals. In this respect, board and care homes and congregate housing are similar. In a board and care home, however, the residents eat all their meals together and may be provided more services than are available in a congregate living situation. For example, residents of congregate housing are usually expected to take care of personal needs, such as laundry, whereas board and care homes provide laundry as part of the service package.

CHARACTERISTICS OF BOARD AND CARE HOMES

- Rooms are rented to individuals not related to the owner of the home;
- Meals are provided by the management;
- Personal care services, such as assistance with dressing, are provided by the management;
- The manager is responsible for the well-being of the residents.

In "shared housing," several people live together in a house or apartment and share a kitchen, other public rooms, and sometimes bedrooms. The people who live together sometimes provide personal services for one another; one person may clean and another cook. The major difference between shared housing and a board and care home is that the latter always has a manager who is directly responsible for the well-being of the residents. Shared housing, or group residences, are generally more loosely structured.

THEY ARE NOT SHARED HOUSING OR GROUP RESIDENCES

WHO OWNS THEM?

Board and care homes usually are operated as a business by individuals or by a couple. About 82 percent of the board and care homes in Allegheny County, Pennsylvania, for example, are operated for profit. A few board and care homes are run by non-profit organizations dedicated to serving people who otherwise would be neglected. Some board and care homes are state-operated, usually for mentally handicapped individuals.

THEY ARE USUALLY "MOM & POP" BUSINESSES

WHO MANAGES THEM?

The average board and care home owner/operator is female, white, and in her late forties. Those who want to earn money at home may rent unused rooms to older people who need personal care, thus turning the home into a board and care home. Some board and care home operators hire staff to help run the home or to perform specific jobs such as cooking or cleaning.

MOST ARE OWNER-OPERATED

Most operators have had special training. In some states, the owner/operators of board and care homes must pass tests before being licensed to operate such a facility. The special training is generally provided by social service agencies, colleges or universities, professional associations, or advocacy groups.

As a rule, board and care homes generate only a small profit for their owners. But studies show they enjoy intangible rewards: they enjoy their residents, like working at home, and take pride in providing the necessary care.

HOW LARGE ARE THEY?

Most board and care homes have 30 or fewer residents. The size ranges from as few as one to 100 or more residents.

ARE THEY LICENSED?

All states license *some* types of board and care facilities. Licensing requirements vary from state to state. A table comparing state laws appears in Appendix B, page 35.

LICENSING MECHANISMS DO EXIST...

One cannot judge the quality of a board and care home on the basis of its meeting state license requirements alone. Inspections of board and care homes are less frequent than necessary to maintain state standards. Licensing does not guarantee that a board and care home is safe or the care adequate. Nor does a lack of a license mean that the home is illegal. Some states do not require board and care homes with few residents to be licensed. Some small homes that are not required to be licensed are excellent.

...BUT INSPECTIONS ARE INFREQUENT

It can be difficult to find out if a home complies with local requirements. The best place to begin is the state long-term care ombudsman's office. (There is a list begin-

ning on page 27.) Find out about licensing requirements before visiting a board and care home and check to see that all necessary licenses are posted. If they are not, the home *may* be operating illegally.

ARE THEY SAFE?

Safety is obviously important because the residents cannot always take care of themselves, especially in an emergency. All states have some provisions for licensing board and care homes but licensing requirements do not guarantee the safety of each home.

BUILDING CODES AND LICENSING AFFECT SAFETY

Most were originally built as private, single family dwellings and still seem that way. Other board and care homes were originally built as hotels, nursing homes, apartments, college dormitories, commercial buildings, hospitals, or schools. The average age of structures now serving as board and care homes is about 43 years.

Not all have been remodeled to meet the specialized needs of residents. Mobility and accessibility become increasingly important as the resident ages. For example, individuals with impaired mobility may require elevators or first floor living quarters plus some provision for emergency escape. Residents in wheelchairs need access ramps.

WHO LIVES IN THEM?

There are three broad categories of board and care home residents: the aging, the physically disabled, and the mentally disabled. Some homes accommodate all three categories.

People choose these homes because they need or want services unavailable to them in other living arrangements. Generally, they are no longer married nor can depend on someone else who can help them on a daily basis. In addition, most residents have limited incomes with which to pay for services that might enable them to remain in their own homes.

Board and care homes provide services that many people need as they grow older. The average age of board and care home residents is between 60 and 75 years. Male residents tend to be younger than female residents by about 10 years. Women outnumber men by about two to one.

Most residents are able to move about without assistance. The majority have no difficulty walking. About one third are somewhat restricted in their daily activities, but are able to take care of themselves. Even though many board and care home operators take care of residents with physical disabilities, they may not accept a new resident with similar limitations. In fact, few current residents are in wheelchairs.

Some board and care homes specifically serve people who are mentally ill or retarded. Residents tend to be younger males unlike the residents of homes for the elderly. But, like elderly residents, most are unmarried.

Board and care homes for the elderly also house individuals who have mental disabilities. Many older residents have some kind of disability, such as poor memory. But most board and care home operators will accept residents who are confused, disoriented, mildly or moderately retarded, depressed, or mentally ill. The mentally disabled are more common in board and care homes than are the physically disabled.

HOW MANY ARE THERE?

It is difficult to answer this question because of the variety of names given to board and care homes and because many are unlicensed. The Inspector General of the U.S. Department of Health and Human Services estimated that in 1982 there were 30,000 board and care homes nationally, 5,000 of which were unlicensed. An earlier study conducted in 1979 estimated that there were between 40,000 and 55,000 board and care homes with 600,000

to 800,000 residents. Reported numbers of board and care homes in individual states vary from more than 6,000 in California to fewer than 30 in Texas. The number of board and care homes probably is increasing.

WHERE ARE THEY LOCATED?

Most board and care homes are located in residential, urban areas, but some are in suburban and rural locations. That the residents are neither in an institution nor isolated from the community is a benefit of these homes.

THEY MAY BE HARD TO FIND

Because they blend into the community, board and care homes may be hard to discover. One place to check is the state long-term care ombudsman's office. That office has a list of local ombudsmen who should know of board and care homes in their areas. They should be able to help answer questions about particular homes, licensing requirements, and how to contact the licensing agencies. The licensing authority might keep a list of local board and care homes and may be able to disclose homes experiencing licensing difficulties.

Also contact the state level Office on Aging. (See the list beginning on page 27.) That office may keep a list of board and care homes, or refer people to a local office on aging that does. Social service organizations and health departments are other sources of information and may know first-hand about particular board and care homes. Contact as many of these offices as possible to gather information about several board and care homes before making a selection.

If you locate a board and care home unknown to social service agencies, be wary. A good board and care home should be in touch with local service providers as a matter of course when arranging services for residents. A board and care home that has no contact with other agencies may not provide services necessary for the well-being of its residents.

HOW MUCH DOES IT COST TO LIVE IN THEM?

COST AND SERVICE PACKAGES VARY

The cost of living in a board and care home varies with the location and the services provided. In some cases, the rent includes all services; in others, some services are additional. The monthly fee paid to a board and care home is determined by the owner/operator of the board and care home, just as rent is determined by a landlord. The average monthly fee varies from $240 a month to $1,151 a month.

State-operated homes appear more expensive on the average than for-profit homes. Homes for the mentally retarded and mentally ill are more expensive than board and care homes for the elderly, which may explain why state-operated homes are costlier.

When considering a move into a board and care home, it is important to find out in detail what services are included in the monthly cost and if they are *all* the ones required. *Exactly* how is the monthly bill calculated? For example, is washing personal laundry included in the monthly fee, or is it billed separately? Get the costs of all services provided because some that are not needed when someone moves in may be needed later. If each added service involves an extra charge, the monthly fee can rise dramatically.

SUPPEMENTAL SUPPLEMENTAL PAYMENTS MAY BE AVAILABLE

Some states provide supplemental payments to board and care residents for residents who receive Supplemental Security Income (SSI) payments to make up the difference between the monthly fee and the resident's monthly income. SSI recipients who are considering moving into a board and care home should find out if the state provides this supplemental payment. In some states Medicaid or the Office on Aging has funds to subsidize the costs of care.

A lease should be nego-

tiated between the home operator and the resident. A month-to-month lease gives both the resident and the operator more flexibility. Longer leases — six months or a year — protect the resident from eviction, but also make it more difficult to move out voluntarily if the arrangements turn out to be unsuitable, or complicate matters for the family if a resident should die.

NEGOTIATE A LEASE

SECTION TWO

Choosing a Board and Care Home

Recalling the two possible endings our hypothetical Mrs. Brown could face, living in a board and care home can be satisfying, or it can be unhappy. It depends on both the needs and expectations of the resident and the ability and willingness of the home's operator to provide the services and atmosphere the resident wants.

While it is difficult to generalize about life in board and care facilities, it is possible to identify some of the advantages and disadvantages of this kind of living situation. Each individual must shop around and weigh the pros and cons of this lifestyle before selecting a particular home.

WHAT ARE THE BENEFITS?

SERVICES SHOULD MATCH NEEDS

The services provided in a board and care home vary according to the individual resident's needs and the willingness or ability of the home's operator to provide them. Residents have different needs: some prefer to live as independently as possible, while others need assistance with daily tasks. Needs may increase with age and as infirmities become more pronounced.

These are the services[1] typically provided in board and care homes:

SERVICE PROVIDED	PERCENTAGE OF HOMES
Meals	
• meals	100.0
• help with eating	34.6
Housekeeping	
• linen	96.6
• linen washed	94.6
• personal laundry	85.4
• room cleaned by staff	88.2
• free washing machines	42.4
• coin-operated washing machines	9.0
Personal Care	
• help with bathing	81.5
• help with phone calls	80.5
• dressing	61.5
• hair care	59.0
• shaving	54.4
• teeth/denture care	49.8
• toileting	42.4
Transportation	
• transportation to obtain professional services	80.1
• staff escort for shopping	66.8
• transportation for errands	64.9
• help with public transportation	61.8
Other Services	
• appointments made	92.7
• parties and get-togethers organized by staff	90.2
• shopping by staff	79.0
• staff-run outings	71.6
• writing letters	60.5
• managing money	59.0

Some state-operated board and care homes offer additional services such as:

- moving assistance and counseling;
- social service assessment, counseling, and follow-up;
- health screening, nursing assistance, and follow-up (such as providing home health aides);
- therapies, such as physical, occupational and speech; and
- social support.

[1] Nancy Dittmar and Joan Cass Bell, *Board and Care Homes for Elderly and Mentally Disabled Populations*, (Denver: Denver Research Institute, 1983).

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It is important to find out how often services are provided. For example, is linen washed once a week? Is staff available to help residents get dressed early in the morning, or must they wait until later in the day?

Meal schedules are especially important. Although all homes provide meals, lunch is not always included. In some homes, all three meals are served within a 10-hour period, leaving a 14-hour span with no food provided. People considering moving into a board and care home with an irregular or closely spaced meal schedule might want to find out if snacks are provided (or if they can be kept in one's room) and if the residents have kitchen privileges between meals.

OUTSIDE SERVICES AND SHARED SERVICES ARE AVAILABLE

Some services may be provided by outside professionals and volunteers. Some homes provide medical, nursing, and mental health services under contract between the operator and an outside agency. It is common for community volunteers to provide some assistance such as companionship or recreational activities.

Sometimes residents provide services for one another. One resident may own a car and provide transportation in exchange for personal laundry or letter writing assistance from another resident. Or residents might work for the home's operator, doing yard work or housekeeping chores. These residents are usually paid a nominal amount for their work.

In state-sponsored housing, a service coordinator or case manager helps the resident determine what services are required. In private homes, residents can determine which services to purchase. For example, a person may prefer to pay the staff to attend to personal laundry.

While considering a board and care home, find out if it offers discharge planning in the event it becomes necessary to move out. Most board and care home owner/operators are in touch with social service agencies who assist residents needing to relocate.

Surveys reveal that board and care home residents are highly satisfied with the safety and privacy of their environment, and with the availability of services when they are needed. Ninety-six percent of the residents of board and care homes in Allegheny County, Pennsylvania, for example, said that help is available 24 hours a day, and 96 percent said that they receive as much help as they need. Unmet needs of the residents focus on counseling and planned social activities outside the home.

Another advantage of board and care homes is that they are usually located in residential communities. Thus, it is often possible to find a suitable board and care home in one's own neighborhood, or near friends and family. It is not surprising that people who live in board and care homes in familiar neighborhoods tend to enjoy their lives more and people who move outside their old neighborhoods risk losing contact with their friends.

INDEPENDENCE/DEPENDENCE ARE IMPORTANT FACTORS

Board and care homes may offer either totally independent or very dependent living situations. Some homes have an owner/operator who lives full time at the facility and keeps a close watch on a small number of residents. Other homes may have only full-time residents where family, friends, other residents, or an official coordinator check in on a regular basis and provide services, but do not live in.

By the same token, within any given board and care home, there may be residents who are totally independent and other residents who receive almost constant attention because of physical or mental disabilities.

The variety of homes means residents with widely varying needs and preferences can be accommodated. It also means that prospective residents should take into account their need for independence, ser-

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vices, and supervision now or in the future when choosing a board and care home.

WHAT ARE THE DISADVANTAGES?

This section discusses drawbacks and problems that have been found in some board and care homes. Because problems can exist in any living arrangement, it is important to carefully research and select the board and care home.

There is the potential for neglect, or even abuse, in a board and care home. Indeed, there have been reports of neglect, abuse, and exploitation of residents by operators of board and care homes. In the extreme, violence, sexual abuse, and general neglect of residents have been reported. Unfortunately, these acts can continue uncorrected for several reasons.

EXPLOITATION AND ABUSE DO OCCUR

Some board and care homes operate without the knowledge and supervision of social service organizations and licensing authorities. Unless the residents or their relatives report problems to licensing agencies, deficient conditions of the facility and the level of care go undetected.

Residents may not know to whom to report abuses, and in some instances, the victim may have a physical or mental disability precluding the report of a problem.

One of the most frequently reported abuses is the mismanagement of the resident's money. The proprietor of a home commonly manages the residents' funds, whether this assistance is needed. Residents often endorse their monthly income checks over to the proprietor of the home. A Comptroller General study of boarding homes (where the situation is thought to be similar to board and care homes) found that about two-thirds of the residents endorse their SSI checks over to the boarding home operator; most residents indicated that they are, in turn, given some spending money.[2]

In some states, board and care home operators must be bonded, which gives residents some protection if there is misuse. Ask other residents before moving in if the board and care home operator handles their money, and if it is being done properly and responsibly. If there is any doubt, ask a trusted friend or relative to help with money management.

HOMES GO OUT OF BUSINESS

Another potential problem has less to do with the quality of the home but with how long it will be available. It is true that board and care homes for the elderly tend to stay in business longer than homes for other groups. While the typical board and care home has been in operation for nine to 14 years, there is no guarantee.

Whenever board and care homes close or are sold the residents usually must find other accommodations. Financial pressure sometimes causes operators to close or sell their establishments. This is not a highly profitable business. Others find that running the home, although satisfying, is very demanding. Some say that outside assistance would make it easier to continue. Assistance could take several forms: home improvement loans, better referral of residents, professional or volunteer services, recreational activities, transportation, home health care, or counseling for the residents.

The physical and social atmosphere in many board and care homes is unattractive. A board and care home may be reasonably safe, reasonably priced and well located, but still not be an appealing place to live. Three things largely account for this.

ATMOSPHERE AND SAFETY COUNT

The size of board and care homes, particularly some of those that are state-spon-

[2]U.S. General Accounting Office, *Comptroller General's Report to the Congress on Identifying Boarding Homes Housing the Needy Aged, Blind and Disabled: A Major Step Toward Resolving a National Problem* (Washington, DC: Government Printing Office, 1979).

sored, is large and not family-like. Many board and care homes do not offer many organized activities or recreational facilities. For many residents, their day consists mostly of watching television, or just sitting, especially for those who do not attend outside activities. Finally, most are fairly old structures, many of which have not been renovated or spruced up.

Safety is a special concern in board and care homes because many residents are frail or disabled. Since older persons are susceptible to illness and accidents from which it takes a long time to recover, it is important that a home be as clean and as hazard-free as is reasonably possible.

Avoid over-crowded homes. Take a look at the home's residents. When residents have difficulty maintaining their personal hygiene, the result may be unsanitary living conditions. Also, avoid structures that are dilapidated, dull, cluttered, and dirty.

On page 17 is a list of factors to consider in determining whether a board and care home is reasonably safe.

Sometimes people who really should be living in a different facility become residents of a home more suited to older people. This is what social service providers call "inappropriate placement." For example, an individual is deemed by a social service agency to need special living arrangements, such as a nursing home or a board and care facility. If there is no vacancy in the most appropriate place, the individual is placed in a facility that is not as well-equipped to take care of specialized needs.

In fact, many people move from institutions into living arrangements, such as board and care homes, and find that the services they need are not available either in the home or from a social agency in the community.

WHO CAN HELP IF THERE IS A PROBLEM?

There are several places to turn for help when a disturbing situation becomes apparent.

If the situation is life-threatening or immediately dangerous, call the police or fire department. State and local governments may sometimes have offices that handle emergencies. Often called adult protective services, these government agencies can, under specially defined conditions, provide assistance.

If the board and care home in question is licensed, those licenses should be posted. Complaints or questions should be raised with the agency that issued the license. If the home is not licensed, problems should be reported to the long-term care ombudsman.

HELP COMES FROM
- **POLICE**
- **LICENSING**
- **AUTHORITIES**
- **LONG-TERM CARE OMBUDSMEN**
- **LEGAL SERVICES**

State and local long-term care ombudsmen are required to investigate complaints about board and care homes. Although they have no official enforcement powers, ombudsmen can contact the responsible authorities and may mediate disputes. (There is a list of state ombudsmen programs in Appendix A—page 19.)

Some disputes regarding board and care homes are resolved in court. If no other remedies are available, free or inexpensive legal help can be located through any social service agency or the state Office on Aging.

Legal help is available to low-income people through the Legal Services Corporation (LSC). In many communities, Title III services funded under the Older Americans Act provide legal assistance. LSC supports 325 local legal services programs. Regional offices make referrals to local offices. Those who do not meet the income requirements will be referred to inexpensive legal services in the community. (See list beginning on page 27 for regional offices.)

IS IT RIGHT FOR YOU?

Following is a series of questions to use as a personal checklist if you are considering board and care life for yourself or

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someone close to you. Of course, each individual and family will have additional considerations based on specific situations, but the list will be useful in evaluating individual facilities and comparing one home with another.

DO THE HOUSE RULES SUIT MY LIFESTYLE?

- Will I share a bathroom? A bedroom?
- Will there be enough privacy? Enough socializing? Enough recreation? Enough space for all these activities?
- Are there restrictions about the use of alcohol and tobacco?
- Can I use my own furnishings?
- What about pets?
- Are guests welcome? Is there a space for private get-togethers? What about telephone use?

WHERE IS THE HOUSE LOCATED?

- Do I like the neighborhood?
- Does it seem safe in this neighborhood during the day? At night?
- Do I know people who live nearby?
- Is the home near shopping facilities that I need? Near my place of worship? If not, is safe and reliable transportation available?
- Is public transportation easily accessible?
- Is there a park or recreational facility nearby?

IS THE HOME LICENSED?

- Are all necessary licenses up-to-date?
- If the home is not licensed, is that because a license is not required, or is it because the home is operating illegally?
- Has any license ever been revoked or suspended? If so, for what reason(s)?

DOES THE HOME APPEAR TO BE SAFE?

- Is there a sprinkler system?
- Are there smoke detectors? Fire extinguishers? Alarms? Do they ring at the fire station?
- Are there fire drills?
- Are the exits accessible, not blocked by furniture?
- Are the main rooms of the house or the stairway insulated by a heavy door that is kept closed?
- How many staff are on duty at night?
- How would I get out of my bedroom in case of fire?
- Is the staff trained to respond to an emergency?
- Are stairs and railings in good repair? Is the rest of the facility well-maintained and clean?
- Is garbage properly disposed? Are there rodents or bugs?
- Are bathtubs equipped with handrails?
- Is a manager on duty 24 hours a day? Is there an emergency call service?
- Are the manager and staff trained to respond to emergencies such as fire or sudden illness?
- Are there loose carpets or other obvious hazards?

HOW IS THE FOOD SERVICE?

- What meals are provided? On what schedule?
- Are the meals nutritious and appetizing?
- Can special dietary needs be met?
- Can I keep snacks in my room?
- Are kitchen privileges extended to residents?

CAN THE HOME PROVIDE ME WITH THE SERVICES I NEED?

- Does the home provide a written service plan for each resident?
- Will I be consulted regarding a service plan for my meals?
- Is the plan in writing? Is it specific?
- How often is the plan reviewed?
- Who else will be involved in preparing my service plan and providing the services? My doctor? A social worker? My family? Anyone else?
- What outside agencies does the home have arrangements with or access to?

HOW LONG HAS THE HOME BEEN IN BUSINESS AND WILL IT BE LIKELY TO STAY IN BUSINESS?

- Are any financial records available for review?
- Does the operator of the home seem to enjoy running it?
- How recently have improvements been made in the structure? Or in the provision of services or activities for the residents?

WHAT ARE THE HOME'S DISCHARGE POLICIES?

- Will I have to leave the home if I need more services? Or, will the home contract for them?
- Will the manager help me find a new board and care home, or a nursing home, if it is necessary to move?
- Who makes the decision about whether I leave or stay?
- If I have a prolonged hospital or nursing home stay, will I have to continue to pay for my room while I am away? How long will my room be held for me?

IS THE HOME'S MANAGER BONDED?

- If the manager is to handle my money, is she/he trustworthy?
- Are financial records kept in order and current? How often will I be permitted to review them?
- Can someone else handle my money, such as my child or a friend?
- Does the manager of the home manage the finances of others? Are they satisfied?

WHAT DO THE CURRENT RESIDENTS THINK OF THE HOME?

- How long have they lived there?
- What do they find to be satisfying about the home?
- Do they have complaints about the home or the manager? The staff?

Appendix A

Regulating Board and Care Homes

This section describes efforts to regulate board and care homes and is included for those interested in acting as advocates for family or friends living in or needing board and care homes, or acting as board and care advocates in general. An advocate needs to:

- Understand issues related to board and care homes;
- Know what efforts have been made to protect people who live in board and care homes;
- Understand the role of offices and agencies involved;
- Find information; and
- Know the mechanisms that have been successful in improving conditions in board and care homes.

To understand how board and care home residents are protected, it is necessary to summarize some related history. In 1963, the federal government initiated a new approach to care for mentally disabled and retarded individuals as an effort to "deinstitutionalize" people then living in mental institutions and nursing homes. It was felt that some of these people could live in the community, as long as services were provided to them on an outpatient basis. Board and care homes were considered an appropriate alternative for these people.

In 1974, the Supplemental Security Income (SSI) program began providing assistance to the needy aged, blind and disabled, thus enabling more people to leave institutions and find private housing. Again, board and care homes met the need for low-cost housing combined with support services. As early as 1975, however, problems became apparent with board and care homes, which were, for the most part, not well-suited for all residents they were expected to serve. Efforts to resolve these problems are discussed below.

Who Oversees Them?

The Federal Government

Regulation of board and care homes was traditionally a state responsibility. In the mid-1970s, however, scandals involving board and care homes prompted the federal government to become involved indirectly in their regulation.

THE KEYS AMENDMENT

The Keys Amendment to the Social Security Act was passed in 1976 in response to public outcry resulting from tragic fires in board and care homes. The amendment requires:

- States to establish, maintain, and ensure the enforcement of standards for residences where a significant number of SSI recipients reside or are likely to reside;
- The federal government to reduce a recipient's SSI payment by the amount of any state supplement for medical or remedial care if the recipient resides in a facility that has not been approved by the appropriate state or local authorities as meeting the standards established by the state. This sub-section is also called the penalty provision.

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The Keys Amendment was the first major federal attempt to protect people living in board and care homes. The intent of the amendment was to encourage SSI recipients to live in licensed facilities. The penalty provision has been criticized, however, because it would directly penalize the recipient rather than the unlicensed operator. An Inspector General's Report on board and care homes published in 1982 states that the penalty provision has never been invoked, yet it remains on the books.[3]

THE LONG-TERM CARE OMBUDSMAN PROGRAM

A long-term care ombudsman is an advocate for residents of board and care facilities. In 1981, Congress amended the Older American Act to require state ombudsman programs to monitor "any category of institutions, regulated by a State pursuant to the provision of Section 1616(e) of the Social Security Act . . ., and any other similar adult care home." Before its enactment, ombudsmen were not required to investigate complaints in board and care homes. The amendment requires the state to determine which institutions to include in the ombudsman program, but must include institutions or homes where a significant number of SSI residents reside or are likely to reside. The ombudsman program considers all board and care homes to be included in this definition.

Traditional ombudsman activities are to audit the quality and regulation of long-term care facilities, to receive and investigate complaints, to mediate disputes, and to recommend systemic changes to improve the long-term care system. Ombudsmen are not regulators; they do not license facilities, nor do they have any enforcement power. They typically rely on the powers of persuasion when conflicts arise in facilities.

Ombudsman programs vary from state to state. Most attempt to resolve problems by working with the resident, the facility, and the responsible regulatory agencies. Some provide technical assistance to providers of long-term care services to help them bring their facilities into compliance with regulations, or to improve the conditions in the home.

Ombudsmen have considerable flexibility in handling problems because they are not bound by "due process" duties. The ombudsman is an important resource for both the residents and the operators of board and care facilities.

THE SOCIAL SECURITY ADMINISTRATION

The Social Security Administration (SSA) makes computer tapes containing current listings of SSI recipients and their addresses available to the states, which in turn can use these tapes to locate board and care homes from the clustering of SSI addressees and addresses. The tapes have been made available in response to recommendations by a General Accounting Office report which discloses that in many states unlicensed homes housing SSI recipients operate outside the regulatory system.[4] Another report reveals that states find these tapes difficult to use; SSA is working to correct the deficiencies.[5]

HOUSING AND URBAN DEVELOPMENT LOANS

As an amendment to the Housing and Urban-Rural Recovery Act, under Section 232,

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[3]U.S., Department of Health and Human Services, Office of the Inspector General, *Board and Care Homes: A Study of Federal and State Actions to Safeguard the Health and Safety of Board and Care Home Residents*, 1982.

[4]U.S., General Accounting Office, *Comptroller General's Report to the Congress on Identifying Boarding Homes Housing the Needy, Aged, Blind and Disabled: A Major Step Toward Resolving a National Problem*, 1979.

[5]U.S., Department of Health and Human Services, Office of the Inspector General, *Board and Care Homes: A Study of Federal and State Actions to Safeguard the Health and Safety of Board and Care Home Residents*, 1982.

board and care homes are now eligible for federally insured loans for construction, building improvements, and the installation of fire and safety equipment. The federally insured loans will make it easier for board and care home owners to borrow money to make improvements to their facilities.

State and Local Governments

The primary responsibility for ensuring the safety in board and care homes lies with the states, with each one approaching this responsibility differently. A table of state laws appears in Appendix B to facilitate comparisons between and among the various laws and regulatory mechanisms.

LICENSURE

Each state and the District of Columbia has provisions for licensing board and care homes. Protection provided by licensure ranges from a minimum of ensuring against fire hazards and overcrowding to ensuring appropriate services for residents.

Several different agencies may be involved in the licensing process—departments of health, mental health, public welfare, and aging—often resulting in a paperwork burden and confusing regulations. Some board and care home operators simply close the home when licensing requirements become too difficult to cope with. Other operators avoid licensing requirements by reclassifying it to a boarding home if the requirements are less stringent. This type of evasion will be successful unless inspectors discover or are informed of problems and take action to correct them.

Some states have addressed the multiple licensing agencies problem by giving total or primary authority for licensing board and care homes to one agency. For example, California passed the Community Care Facilities Act in 1973 which places the responsibility for licensing the facilities under the Department of Social Services. That department's district offices are responsible for administering and coordinating the licensing process, enforcing regulations, processing applications, conducting investigations, and recommending the establishment of licenses.

In New Jersey, on the other hand, regulatory responsibility continues to be shared by building regulators and social service agencies. The primary responsibility for enforcement, however, is with the building code officials within the state's Department of Community Affairs.

Determining whether a board and care home is in compliance with regulations can be accomplished by inspection. There are two difficulties with this method of enforcement. One is the sheer volume of inspections. The other is that many homes operate outside the system and without the knowledge of the inspectors.

Many inspectors are required to enforce regulations uniformly and universally. If inspections are too infrequent, so that substandard homes remain that way, regulations are meaningless.

Homes operating illegally are another problem for inspectors. Many board and care homes go undetected because they blend into the neighborhood as a single-family home. Unless these homes are singled out, they can continue to operate illegally.

OUTREACH

Outreach by state and local governments takes two forms. One is to search out substandard or illegal board and care homes and either bring them up to standard or close them down. The other is to give direct help to the residents of board and care homes and to the operators who request assistance.

An example of the first type of outreach program is Project Identification in Maryland. Project Identification relies on SSA data tapes and similar tapes from state and local welfare departments and the Veterans Administration to identify those addresses to which

several benefit checks are mailed. The owners of these homes are then interviewed to find out if the home is in fact a board and care home. If it is, the operator is required to apply for the appropriate licenses.

Illinois uses another method of locating illegal board and care homes. That state encourages operators of licensed homes to report unlicensed ones. Other states have well-publicized complaint programs, including a hotline or other means of informing authorities about problems in board and care homes and about the existence of unregulated homes. New Jersey, for example, has a hotline for complaints and promises to investigate within 72 hours.

The purpose of finding substandard and unregulated homes is to improve living conditions. In some cases, it means moving the residents to another facility, but it is not always the best solution, especially if space in a licensed facility is not available. When possible, the better solution is to bring the substandard home into compliance with regulations, the second type of outreach.

The Inspector General's report on board and care homes noted that providing technical assistance to the homes' operators is the practice preferred in several states. Technical assistance includes teaching operators what is required by regulation to bring their facility into compliance. Technical assistance is offered by inspectors, long-term care ombudsmen, volunteer ombudsmen and workers from other community agencies.

OTHER STATE-LEVEL EFFORTS

Other efforts to improve living conditions in board and care homes include loan programs, social service assistance, and civil penalties which may be imposed on the operators of substandard homes.

Pennsylvania, Maryland, and New Jersey make loans or grants available to operators to improve conditions in their board and care homes, such as installing sprinkler systems or other safety-related improvements.

Staff from state and local public agencies work with the operators of board and care homes to help provide or obtain appropriate social services for the residents. This assistance is given through formal workshops and training sessions for operators and on a one-to-one basis.

Some states report that the imposition of civil penalties (usually fines) has been a successful method of improving conditions on board and care homes since most operators would keep their homes in compliance with the regulations rather than risk a fine. If the fine is less than the cost of making the required improvements, however, some operators may choose repeated penalties rather than spend the money to bring their homes into compliance. Or, the fine may drain already limited financial resources so that even worse conditions result.

Ideally, a system of civil penalties would be combined with other means to bring board and care homes into compliance with regulations. The threat of fines, or closure, combined with technical assistance and loans would appear to be the most promising method of improving living conditions in the homes.

Nongovernmental Groups

A number of private organizations at the national, state, and local levels are acting to ensure an adequate supply of safe and well-operated board and care facilities. Some of them are described below.

THE AMERICAN BAR ASSOCIATION

The American Bar Association's Commission on Legal Problems of the Elderly and its Commission on the Mentally Disabled developed a model act for regulating board and care homes while under contract to DHHS. The act is based on a survey of board and care

programs and an analysis of existing state statutes, and is intended for use as a model to develop or amend legislation to regulate such homes.

NATIONAL CITIZENS' COALITION FOR NURSING HOME REFORM

The National Citizens' Coalition for Nursing Home Reform (NCCNHR) primarily advocates for residents of long-term care institutions, including board and care homes. It is an association of state and local organizations that works in cooperation with other citizens' groups (both national and local) concerned about the rights of the elderly and of all residents of long-term care facilities. NCCNHR provides technical assistance to citizens' groups, government agencies, and legislative bodies. It conducts research and disseminates information on board and care home issues through its Nursing Home Information Clearinghouse and its monthly newsletter, *Collation*. NCCNHR can refer individuals and organizations to others in their area who also work on long-term care issues.

NATIONAL ASSOCIATION OF RESIDENTIAL CARE FACILITIES (NARCF)

Incorporated in January, 1984 NARCF is a nonprofit association representing the owners and operators of homes providing shelter, meals, and personal care services to older persons and to the mentally and physically disabled.

The purposes of NARCF are to provide information and training to enhance the quality of care for residents and to promote efficient management practices. NARCF also carries out national legislative and public information efforts.

In addition to national and regional training conferences NARCF has added an administrator certification program.

What Can Volunteer Advocates Do?

Volunteer advocates can support and ensure high quality board and care homes in their communities.

The long-term care ombudsman program uses local volunteers. Religious and civic organizations, senior citizens' groups, advocates for the handicapped and retarded, often need volunteers to help with their activities.

In addition to serving board and care home residents, and monitoring and reporting on conditions in individual facilities, citizen organizations can be effective lobbyists for legislative or administrative changes that strengthen regulation and improve standards for board and care facilities.

WHAT CAN VOLUNTEERS DO?

- Provide companionship to residents;
- Organize recreational activities;
- Report problems or substandard conditions to the appropriate authorities;
- Collect information on services and types of residents each home will accept for social service agencies making referrals;
- Mediate disputes; and
- Help promote necessary changes in the regulatory structure to upgrade standards and improve enforcement.

Where Can You Find More Information?

■ ACTION-Housing, Inc. **Conditions in Allegheny County Personal Care Boarding Homes and Proposed Programs of Assistance**. Prepared for the Allegheny County Health Department. ACTION-Housing, Inc., 1981.

Write to ACTION Housing Inc., 2 Gateway Center, Pittsburgh, Pennsylvania 15222. No charge.

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■ Beyer, Jane; Bulkley, Josephine; and Hopkins, Paula. **Board and Care Report.** Washington, DC: American Bar Association, 1984.

Write to American Bar Association Commission on Legal Problems of the Elderly, 1800 M St., N.W., Washington, DC 20036. $20.00.

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■ Coopers and Lybrand. **An Addendum to the Model Act: Financial Incentives for Board and Care Facilities.** Washington, DC: American Bar Association Commission on Legal Problems of the Elderly, 1984.

Write to American Bar Association, Commission on Legal Problems of the Elderly, 1800 M St., N.W., Washington, DC 20036. $7.50.

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■ Dittmar, Nancy and Bell, Joan Cass. **Board and Care Homes for Elderly and Disabled Populations.** 5 Vols. Denver: Denver Research Institute, 1983. **Volume II. State Systems for the Delivery of Human Services.**

Write to Denver Research Institute, Social Systems Research and Evaluation Division, P.O. Box 10127, Denver, CO 80210. $18.00.

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■ Dittmar, N.; Smith, G.; Bell, J.; Jones, C.; and Manzanores, D. **Board and Care for the Elderly and Mentally Disabled Populations.** 5 Vols. Denver: Denver Research Institute, 1983. **Volume V: Summary of Survey Procedures and Findings.**

Write to Denver Research Institute, Social Systems Research and Evaluation Division, P.O. Box 10127, Denver, CO 80210. $6.00.

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■ General Accounting Office. **Comptroller General's Report to the Congress on Identifying Boarding Homes Housing the Needy Aged, Blind and Disabled: A Major Step Toward Resolving a National Problem.** Washington, DC: Government Printing Office, 1979.

General Accounting Office Pub. No. HRD 80-17. Document Handling and Information Service Component, Box 6015, Gaithersburg, MD 20877. No charge for single copies, $1.00 each for additional copies.

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■ Groner, Norman. **A Matter of Time: A Comprehensive Guide to Fire Emergency Planning for Board and Care Homes.** College Park, Maryland: University of Maryland, 1982.

National Clearinghouse of Rehabilitation and Training Materials, 115 Old USDA Bldg., Oklahoma State University, Stillwater, OK 74078. Publication No. SE-79 (110-0). $3.75 plus $1.00 postage.

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■ Harmon, C. **Board and Care: An Old Problem, A New Resource for Long-Term Care.** Washington, DC: Center for the Study of Social Policy, 1982.

Write to Center for the Study of Social Policy, 236 Massachusetts Avenue, N.E., Washington, DC 20002. $5.00.

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■ Health Systems Agency of Northern Virginia, Inc. **The Need for Domiciliary Care in Northern Virginia: 1984-1990.** Falls Church, VA: Health Systems Agency of Northern Virginia, 1984.

Write to HSA of Northern Virginia, Inc., 7245 Arlington Boulevard, Suite 300, Falls Church, VA 22042. No charge.

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■ Hebrew Rehabilitation Center for the Aged. **A Nationwide Study of Domiciliary Care Homes and Clients.** Boston: Hebrew Rehabilitation Center for the Aged, 1981. (DHHS/AoA grant #90-A-1659).

Write to Hebrew Rehabilitation Center for the Aged, 1200 Centre Street, Boston, MA 02131. $18.81.

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■ Massachusetts Department of Elder Affairs and Building Diagnostics, Inc. **Congregate Housing for Older People: An Effective Alternative, Final Report.** Boston: Massachusetts Department of Elder Affairs, 1984.

Write to Massachusetts Department of Elder Affairs, 38 Chauncey Street, Boston, MA 02111. No charge for single copies.

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■ McClare, M. **Personal Care Homes: Nowhere Else to Go!** Atlanta, 1982.

Write to Long-term Care Ombudsman Program of Metropolitan Atlanta, 151 Spring Street, N.W., Atlanta, GA 30335. No charge.

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■ National Bureau of Standards. **A Fire Safety Evaluation System for Board and Care Homes.** 1983.

Write to National Technical Information Service, U.S. Department of Commerce, Springfield, VA 22161. $17.50 (includes postage).

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■ National Citizens' Coalition for Nursing Home Reform. **Boarding Homes.** Washington, DC: National Citizens' Coalition for Nursing Home Reform, 1982.

Write to National Citizens' Coalition for Nursing Home Reform, 1825 Connecticut Avenue, N.W., Suite 417B, Washington, DC 20009. Information packet on board and care homes. $6.00.

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■ National Citizens' Coalition for Nursing Home Reform. **Collation.** Washington, D.C.: National Citizens' Coalition for Nursing Home Reform, 1984.

Write to National Citizens' Coalition for Nursing Home Reform, 1825 Connecticut Avenue, N.W., Suite 417B, Washington, DC 20009. Board and care home packet. $6.00.

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■ New Jersey. Department of Human Services. **Demographic and Service Characteristics of the Rooming Home, Boarding Home and Residential Health Care Population in New Jersey,** by Gerald Gioglio.

Write to Bureau of Research, Evaluation and Quality Assurance, 1 S. Montgomery Street, CN717, Trenton, NJ 08625. No charge.

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■ "The Sick Nobody Wants." **Rocky Mountain News,** August 1984.

Write to **Rocky Mountain News,** attention Patricia Raybon, 400 W. Colfax, Denver, CO 80204. $1.00 per page for xeroxing, 36 pages. Reprint of a seven-part series.

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■ U.S. Department of Health and Human Services, Office of the Inspector General. **Board and Care Homes: A Study of Federal and State Actions To Safeguard the Health and Safety of Board and Care Home Residents.** 1982.

Write to Office of Public Affairs, Inspector General's Office, DHHS/AoA, 330 Independence Avenue, S.W., Washington, DC 20201. No charge.

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■ U.S. Department of Health and Human Services, Administration on Aging. **Information Memorandum.** "Ombudsman TA Manual," September 28, 1984.

Write to DHHS/AoA, 300 Independence Ave., S.W., Washington, DC 20201. No charge.

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■ U.S. Department of Health and Human Services. Schweiker, Richard. "Eight-Point Program to Improve Implementation of HHS's Keys Amendment Responsibilities." Memorandum to heads of operating divisions and heads of Office of the Secretary staff divisions, Washington, DC, April 21, 1982.

Write to National Citizens' Coalition for Nursing Home Reform, 1825 Connecticut Avenue, N.W., Suite 417B, Washington, DC 20009. Board and care home information packet. $6.00.

OTHER SOURCES OF INFORMATION

National Association of Residential Care Facilities
Barbara Jameson, Executive Director
1205 West Main Street
Suite 209
Richmond, Virginia 23220

National Citizens' Coalition for Nursing Home Reform
1825 Connecticut Avenue, N.W., Suite 417B
Washington, DC 20009

Board and Care Homes Activities
Coordinating Unit
Administration of Developmental Disabilities
Hubert Humphrey Building, Room 348E
200 Independence Avenue, S.W.
Washington, DC 20201

Project Share
1530 East Jefferson Street
Rockville, MD 20852

What Government Agencies Exist?

The following is a list of state-level Agencies on Aging; state-level, long-term care ombudsman offices; and regional offices of the Legal Services Corporation.

Contact your state Agency on Aging for information regarding services and programs for older persons, including information on board and care homes. The state office will refer you to a local office for specific information about board and care homes in your area.

Each state Agency on Aging has a long-term care ombudsman. The role of the long-term care ombudsman includes providing information on board and care homes and resolving problems in them. This office will refer you to a local ombudsman for help with your particular situation.

The Legal Services Corporation was established by Congress to provide legal services to people who cannot afford to hire a private lawyer. There are 325 local programs receiving support from the Legal Services Corporation throughout the United States. Regional offices are listed below and can give you the name of the office nearest you. The office may be able to advise you about other sources of inexpensive or free legal help, such as university-based legal clinics.

Agency on Aging	**Long-term Care Ombudsman**	**Legal Services Corporation Regional Office**
Alabama		
Alabama Commission on Aging State Capitol Montgomery, AL 36130 (205) 261-5743	Commission on Aging 136 Catoma Street 2nd Floor Montgomery, AL 36104 (205) 261-5743	Legal Services Corporation Suite 916 615 Peachtree Street, N.E. Atlanta, GA 30308 (404) 347-7647
Alaska		
Older Alaskans Commission Pouch C, MS-0209 Juneau, AK 99811-0209 (907) 465-3250	Office of the Older Alaskans Ombudsman 3601 C Street, Suite 38 Anchorage, AK 99501 (907) 279-2232	Legal Services Corporation Suite 890 177 Post Street San Francisco, CA 94108 (415) 556-6952

Agency on Aging	Long-term Care Ombudsman	Legal Services Corporation Regional Office
American Samoa Territorial Administration on Aging, Government of American Samoa Pago Pago, AS 96799 199-011-684 633-1252		
Arizona Arizona Department of Economic Security Aging and Adult Administration 1400 West Washington Street Phoenix, AZ 85007 (602) 255-4446	Aging and Adult Administration 1400 West Washington Street P.O. Box 6123-950A Phoenix, AZ 85007 (602) 255-4446	Legal Services Corporation Suite 850 1380 Lawrence Street Denver, CO 80204 (303) 844-4290
Arkansas Department of Human Services Suite 1428 Main and 7th Street Donaghey Building Little Rock, AR 72201 (501) 682-2441	Division of Aging and Adult Services Arkansas Department of Human Services 1417 Donaghey Plaza South 7th & Main Streets Little Rock, AR 72203 (501) 628-2441	Legal Services Corporation Suite 916 615 Peachtree Street, N.E. Atlanta, GA 30308 (404) 347-7647
California California Department of Aging 1600 K Street Sacramento, CA 95814 (916) 322-5290	California Department of Aging 1600 K Street Sacramento, CA 95814 (916) 323-6681	Legal Services Corporation Suite 890 177 Post Street San Francisco, CA 94108 (415) 556-6952
Commonwealth of the Northern Mariana Islands Department of Community and Culture Affairs Divic Center, Susupe Saipan, Mariana Islands, TT 96950 dial 9-0 give country name and #6696		
Colorado Aging and Adult Services Division Department of Social Services 717 17th Street 1575 Sherman Street P.O. Box 181000 Denver, CO 80203-1714 (303) 866-5931	The Legal Center 455 Sherman Street Suite 130 Denver, CO 80218 (303) 722-0300	Legal Services Corporation Suite 850 1380 Lawrence Street Denver, CO 80204 (303) 844-4290
Connecticut Department on Aging 175 Main St. Hartford, CT 06106 (203) 566-3238	Department on Aging 175 Main Street Hartford, CT 06106 (203) 566-7770	Legal Services Corporation 400 Virginia Avenue, S.W. Washington, DC 20024-2751 (202) 863-1820
Delaware Division of Aging Department of Health and Social Services 2nd Floor 1901 North Dupont Highway New Castle, DE 19720 (302) 421-6791	Division on Aging 1113 Church Street Milford, DE 19963 (302) 422-1386	Legal Services Corporation 400 Virginia Avenue, S.W. Washington, DC 20024-2751 (202) 863-1820

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Agency on Aging	Long-term Care Ombudsman	Legal Services Corporation Regional Office
District of Columbia Office of Aging Executive Office of the Mayor 2nd Floor 1424 K Street, N.W. Washington, DC 20005 (202) 724-5626	Legal Counsel for the Elderly 1909 K Street, N.W. Washington, DC 20049 (202) 662-4933	Legal Services Corporation 400 Virginia Avenue, S.W. Washington, DC 20024-2751 (202) 863-1820
Florida Department of Health and Rehabilitative Services Aging and Adult Services 1317 Winewood Boulevard Tallahassee, FL 32301 (904) 488-8922	State Long-Term Care Ombudsman Committee Department of Health and Rehabilitative Services Building 1, Room 308 1317 Winewood Boulevard Tallahassee, FL 32301 (904) 488-6190	Legal Services Corporation Suite 916 615 Peachtree Street, N.E. Atlanta, GA 30308 (404) 347-7647
Georgia Department of Human Resources Sixth Floor, Room 632 878 Peachtree Street, N.E. Atlanta, GA 30309 (404) 894-5333	Office of Aging Department of Human Resources Room 642 878 Peachtree Street, N.E. Atlanta, GA 30309 (404) 894-5336	Legal Services Corporation Suite 916 615 Peachtree Street, N.E. Atlanta, GA 30308 (404) 347-7647
Guam Public Health and Social Services Government of Guam P.O. Box 2816 Agana, GU 96910 199-011-684 633-1252		Legal Services Corporation Suite 890 177 Post Street San Francisco, CA 94108 (415) 556-6952
Hawaii Hawaii Executive Office on Aging Room 241 335 Merchant Street Honolulu, HI 96813 (808) 548-2593	Hawaii Executive Office on Aging 335 Merchant Street, Room 241 Honolulu, Hawaii 96813 (808) 548-2593	Legal Services Corporation Suite 890 177 Post Street San Francisco, CA 94108 (415) 556-6952
Idaho Idaho Office on Aging Room 114, Statehouse Boise, ID 83720 (208) 334-3833	Idaho Office on Aging Room 114, Statehouse Boise, ID 83720 (208) 334-3833	Legal Services Corporation Suite 850 1380 Lawrence Street Denver, CO 80204 (303) 844-4290
Illinois Illinois Department on Aging 421 East Capitol Avenue Springfield, IL 62701 (217) 785-2870	Department on Aging 421 East Capitol Avenue Springfield, IL 62706 (217) 785-3140	Legal Services Corporation Suite 1005 53 West Jackson Boulevard Chicago, IL 60604 (312) 353-0350
Indiana Indiana Department on Aging and Community Services P.O. Box 7083 251 North Illinois Street Indianapolis, IN 46207-7083 (317) 232-7020	Indiana Department on Aging and Community Services Capitol Center 251 North Illinois Street Indianapolis, IN 4607-7083 (317) 232-7116	Legal Services Corporation Suite 1005 53 West Jackson Boulevard Chicago, IL 60604 (312) 353-0350

Agency on Aging	Long-term Care Ombudsman	Legal Services Corporation Regional Office
Iowa Iowa Commission on Aging Jewett Building Suite 236 914 Grand Avenue Des Moines, IA 50319 (515) 281-5187	Department of Elder Affairs 916 Grand Avenue Jewett Building, Suite 236 Des Moines, IA 50319 (515) 281-5187	Legal Services Corporation Suite 1005 53 West Jackson Boulevard Chicago, IL 60604 (312) 353-0350
Kansas Kansas Department on Aging 915 South West Harrison Topeka, KS 66612-1500 (913) 296-4986	Department on Aging Docking State Office Building 122-S 915 S.W. Harrison Topeka, Kansas 66612 (913) 296-4986	Legal Services Corporation Suite 1005 53 West Jackson Boulevard Chicago, IL 60604 (312) 353-0350
Kentucky Department for Social Services Cabinet for Human Resources 275 East Main Street Frankfort, KY 40601 (502) 564-6930	Division for Aging Services 275 East Main Street Frankfort, KY 40621 (502) 564-6930	Legal Services Corporation Suite 916 615 Peachtree Street, N.E. Atlanta, GA 30308 (404) 347-7647
Louisiana Governor's Office of Elderly Affairs P.O. Box 80374 Baton Rouge, LA 70898 (504) 925-1700	Office of Elderly Affairs P.O. Box 80374 Baton Rouge, LA 70898 (504) 925-1700	Legal Services Corporation Suite 916 615 Peachtree Street, N.E. Atlanta, GA 30308 (404) 347-7647
Maine Bureau of Maine's Elderly Department of Human Resources State House—Station 11 Augusta, ME 04333 (207) 289-2561	Maine Committee on Aging State House, Station 127 Augusta, ME 04333 (207) 289-3658	Legal Services Corporation 400 Virginia Avenue, S.W. Washington, DC 20024-2751 (202) 863-1656
Maryland Maryland Office on Aging 301 West Preston Street Room 1004 Baltimore, MD 21201 (301) 225-1100	Maryland Office on Aging Room 1004 301 West Preston Street Baltimore, MD 21201 (301) 225-1100	Legal Services Corporation 400 Virginia Avenue, S.W. Washington, DC 20024-2751 (202) 863-1656
Massachusetts Department of Elder Affairs 38 Chauncy Street Boston, MA 02111 (617) 727-7750	Department of Elder Affairs 38 Chauncy Street Boston, MA 02111 (617) 727-7273	Legal Services Corporation 400 Virginia Avenue, S.W. Washington, DC 20024-2751 (202) 863-1656
Michigan Office of Services to the Aging 101 South Pine Street P.O. Box 30026 Lansing, MI 48909 (517) 373-8230	Citizens for Better Care 900 West Ottawa Lansing, MI 48915 (517) 482-1297	Legal Services Corporation Suite 1005 53 West Jackson Boulevard Chicago, IL 60604 (312) 353-0350
Minnesota Minnesota Board of Aging Suite 204 Metro Square Building Seventh and Robert Streets St. Paul, MN 55101 (612) 296-2770	Minnesota Board on Aging Suite 204 Metro Square Building Seventh and Robert Street St. Paul, MN 55101 (612) 296-7465	Legal Services Corporation Suite 1005 53 West Jackson Boulevard Chicago, IL 60604 (312) 353-0350

Agency on Aging	Long-term Care Ombudsman	Legal Services Corporation Regional Office
Mississippi Mississippi Council on Aging 301 West Pearl Street Jackson, MS 39203-3092 (601) 949-2070	Council on Aging 301 West Pearl Street Jackson, MS 39203-3092 (601) 949-2070	Legal Services Corporation Suite 916 615 Peachtree Street, N.E. Atlanta, GA 30308 (404) 347-7647
Missouri Missouri Division of Aging Department of Social Services P.O. Box 1337 2701 West Main Street Jefferson City, MO 65102 (314) 751-3082	Office of Aging Department of Social Services Broadway State Office Building P.O. Box 1337 Jefferson City, MO 65102 (314) 751-3082	Legal Services Corporation Suite 916 615 Peachtree Street, N.E. Atlanta, GA 30308 (312) 353-0350
Montana Community Services Division Department of Social and Rehabilitative Services P.O. Box 8500 Helena, MT 59604 (406) 444-5900	Seniors Office of Legal and Ombudsman Services P.O. Box 232 Capitol Station Helena, MT 59620 (406) 444-4204	Legal Services Corporation Suite 850 1380 Lawrence Street Denver, CO 80204 (303) 844-4290
Nebraska Nebraska Department on Aging 301 Centennial Mall South P.O. Box 95044 Lincoln, NE 68509 (402) 471-2306	Department on Aging P.O. Box 95044 Lincoln, NE 68509 (402) 471-2307	Legal Services Corporation Suite 1005 53 West Jackson Boulevard Chicago, IL 60604 (312) 353-0350
Nevada Nevada Division for Aging Services Department of Human Resources Room 101 505 East King Street Carson City, NV 89710 (702) 885-4210	Division of Aging Services Department of Human Resources Room 101 Kinkead Building 505 East King Street Carson City, NV 89701 (702) 885-4210	Legal Services Corporation Suite 890 177 Post Street San Francisco, CA 94108 (415) 556-6952
New Hampshire State Council on Aging 6 Hazen Drive Concord, NH 03301-6501 (603) 271-4680	LTC Ombudsman DEAS 6 Hazen Drive Concord, NH 03301-6508 (603) 271-4375	Legal Services Corporation 400 Virginia Avenue, S.W. Washington, DC 20024-2751 (202) 863-1656
New Jersey New Jersey Division on Aging Department of Community Affairs South Broad and Front Streets CN807 Trenton, NJ 08625-0807 (609) 292-4833	Office of the Ombudsman for Institutionalized Room 305 28 West State Street Trenton, NJ 08625 (609) 292-8016	Legal Services Corporation 400 Virginia Avenue, S.W. Washington, DC 20024-2751 (202) 863-1656
New Mexico State Agency on Aging 4th Floor La Villa Rivera Building 224 East Palace Ave. Sante Fe, NM 87501 (505) 827-7640	State Agency on Aging 224 East Palace Avenue Santa Fe, NM 87501 (505) 827-7640	Legal Services Corporation Suite 850 1380 Lawrence Street Denver, CO 80204 (303) 844-4290

Agency on Aging	Long-term Care Ombudsman	Legal Services Corporation Regional Office
New York New York State Office for the Aging Agency Building #2 Empire State Plaza Albany, NY 12223 (518) 474-4425	Office for the Aging Agency Building #2 Empire State Plaza Albany, NY 12223 (518) 474-7329	Legal Services Corporation 400 Virginia Avenue, S.W. Washington, DC 20024-2751 (202) 863-1656
North Carolina Department of Human Resources Division of Aging Kirby Building 1985 Umstead Drive Raleigh, NC 27603 (919) 733-3983	Division on Aging North Carolina Department of Human Resources 1985 Umstead Drive Raleigh, NC 27603 (919) 733-3983	Legal Services Corporation Suite 916 615 Peachtree Street, N.E. Atlanta, GA 30308 (404) 347-7647
North Dakota Aging Services North Dakota Department of Human Services State Capitol Building Bismarck, ND 58505 (701) 224-2577	Aging Services Social Services Board of North Dakota Bismarck, ND 58505 (701) 224-2577	Legal Services Corporation Suite 1005 53 West Jackson Boulevard Chicago, IL 60604 (312) 353-0350
Ohio Ohio Commission on Aging 9th Floor 50 West Broad Street Columbus, OH 43266-0501 (614) 466-5500	Commission on Aging 9th Floor 50 West Broad Street Columbus, OH 43266 (614) 466-9927	Legal Services Corporation Suite 1005 53 West Jackson Boulevard Chicago, IL 60604 (312) 353-0350
Oklahoma Department of Human Services P.O. Box 25352 Oklahoma City, OK 73125 (405) 521-2281	Special Unit on Aging Department of Human Services P.O. Box 25352 Oklahoma City, OK 73125 (405) 521-3731	Legal Services Corporation Suite 850 1380 Lawrence Street Denver, CO 80204 (303) 844-4290
Oregon Senior Services Division Human Resources Department 313 Public Service Building Salem, OR 97310 (503) 378-4728	Office of the Governor 2475 Lancaster Drive Building B, #9 Salem, OR 97310 (503) 378-6533	Legal Services Corporation Suite 890 177 Post Street San Francisco, CA 94108 (415) 556-6952
Pennsylvania Department of Aging Barto Building 231 State Street Harrisburg, PA 17101-1195 (717) 783-1550	Department of Aging 231 State Street Harrisburg, PA 17101 (717) 783-7247	Legal Services Corporation 400 Virginia Avenue, S.W. Washington, DC 20024-2751 (202) 863-1656
Puerto Rico Puerto Rico Gericulture Commission Department of Social Services GPO 11398 Santurce, PR 00910 (809) 722-0225 or (809) 721-4010	Gericulture Commission Department of Social Services P.O. Box 11398 Santurce, PR 00910 (809) 722-2429	Legal Services Corporation 400 Virginia Avenue, S.W. Washington, DC 20024-2751 (202) 863-1656
Rhode Island Department of Elderly Affairs 79 Washington Street Providence, RI 02903 (401) 277-2858	Department of Elderly Affairs 79 Washington Street Providence, RI 02903 (401) 277-6883	Legal Services Corporation 400 Virginia Avenue, S.W. Washington, DC 20024-2751 (202) 863-1656

Agency on Aging	Long-term Care Ombudsman	Legal Services Corporation Regional Office
South Carolina South Carolina Commission on Aging Suite B-500 400 Arbor Lake Drive Columbia, SC 29223 (803) 735-0210	Office of the Ombudsman Governor's Office 1205 Pendleton Street Edgar A. Brown Building Columbia, SC 29201 (803) 734-0457	Legal Services Corporation Suite 916 615 Peachtree Street, N.E. Atlanta, GA 30308 (404) 347-7647
South Dakota Office of Adult Services and Aging Richard F. Kneip Building 700 North Illinois Street Pierre, SD 57501-2291 (605) 773-3656	Office of Adult Services and Aging Department of Social Services 700 North Illinois Street Pierre, SD 57501-2291 (605) 773-3656	Legal Services Corporation Suite 1005 53 West Jackson Boulevard Chicago, IL 60604 (312) 353-0350
Tennessee Tennessee Commission on Aging Suite 201 706 Church Street Nashville, TN 37219-5573 (615) 741-2056	Commission on Aging 706 Church Street Nashville, TN 37219 (615) 741-2056	Legal Services Corporation Suite 916 615 Peachtree Street, N.E. Atlanta, GA 30308 (404) 347-7647
Texas Department on Aging P.O. Box 12786 Capitol Station 1949 IH 35, South Austin, TX 78741-3702 (512) 444-2727	Texas Department on Aging P.O. Box 12786 Capitol Station Austin, TX 78704 (512) 444-2727	Legal Services Corporation Suite 850 1380 Lawrence Street Denver, CO 80204 (303) 844-4290
Trust Territory of the Pacific Islands Trust Territory of the Pacific Islands Office of Elderly Programs Community Development Division Saipan, Mariana Islands TT 96950 Dial 9-0 give country name and #9335		Legal Services Corporation Suite 890 177 Post Street San Francisco, CA 94108 (415) 556-6952
Utah Utah Division on Aging and Adult Services Box 45500 150 West North Temple Street Salt Lake City, UT 84103 (801) 538-3910	Division of Aging Department of Social Services 120 North-200 West Box 45500 Salt Lake City, UT 84103 (801) 538-3910	Legal Services Corporation Suite 850 1380 Lawrence Street Denver, CO 80204 (303) 844-4290
Vermont Vermont Office on Aging 103 South Main Street Waterbury, VT 05676 (802) 241-2400	Office on Aging 103 South Main Street Waterbury, VT 05676 (802) 241-2400	Legal Services Corporation 400 Virginia Avenue, S.W. Washington, DC 20024-2751 (202) 863-1656
Virgin Islands Virgin Islands Commission on Aging 6F Havensight Mall Charlotte Amalie St. Thomas, VI 00801 (809) 774-5884		Legal Services Corporation 400 Virginia Avenue, S.W. Washington, DC 20024-2751 (202) 863-1656

Agency on Aging	Long-term Care Ombudsman	Legal Services Corporation Regional Office
Virginia		
Virginia Department for the Aging 700 East Franklin Street 10th Floor Richmond, VA 23219-2327 (804) 225-2271	Department for the Aging 10th Floor 700 East Franklin Street Richmond, VA 23219 (804) 225-2271	Legal Services Corporation 400 Virginia Avenue, S.W. Washington, DC 20024-2751 (202) 863-1656
Washington		
Bureau of Aging and Adult Services Department of Social and Health Services OB-44 A Olympia, WA 98504 (206) 753-2502	Division of Audit Department of Social and Health Services MS OB 44-Y Olympia, WA 98504 (206) 586-2258	Legal Services Corporation Suite 890 177 Post Street San Francisco, CA 94108 (415) 556-6952
West Virginia		
West Virginia Commission on Aging State Capitol—Holly Grove Charleston, WV 25305 (304) 348-3317	Commission on Aging State Capitol Charleston, WV 25305 (304) 348-3317	Legal Services Corporation 400 Virginia Avenue, S.W. Washington, DC 20024-2751 (202) 863-1656
Wisconsin		
Office on Aging Department of Health and Social Services 1 West Wilson Street Room 480 Madison, WI 53702 (608) 266-2536	Board on Aging and Long-Term Care Room 619 819 North 6th Street Milwaukee, WI 53203 (414) 227-4386	Legal Services Corporation Suite 1005 53 West Jackson Boulevard Chicago, IL 60604 (312) 353-0350
Wyoming		
Commission on Aging First Floor Hathaway Building Cheyenne, WY 82002-0710 (307) 777-7986	Wyoming State Bar Association 900 8th Street Wheatland, WY 82201 (307) 322-5553	Legal Services Corporation Suite 850 1380 Lawrence Street Denver, CO 80204 (303) 844-4290

APPENDIX B

State Laws & Programs Serving Elderly Persons & Disabled Adults

Adapted from *Mental Disability Law Reporter* (Volume 7, Number 2, March-April 1983), a publication of the American Bar Association, by permission of the Commission on the Mentally Disabled. Direct inquiries and subscription requests to: Commission on the Mentally Disabled, American Bar Association, 1800 M Street, N.W., Washington, DC 20036, or phone (202) 331-2240.

The following chart is excerpted from the *Board and Care Report: An Analysis of State Laws and Programs Serving Elderly Persons and Disabled Adults*, produced by a joint project of the American Bar Association's Commission on the Mentally Disabled and Commission on Legal Problems of the Elderly under a grant from the U.S. Department of Health and Human Services. The following chart constitutes a synopsis of each state's board and care operation, providing a quick reference to each program, its statutory authority, and the population served.

KEY

***POPULATION:** E—Elderly; DD—Developmentally disabled; MI—Mentally ill; PH—Physically handicapped or infirm; MR—Mentally retarded.

STATE	PROGRAM	OFFICIAL CITATION	POPULAR NAME OF STATUTE	POPULATION SERVED*
ALABAMA	Domiciliary Care Facilities	Ala. Code §§22-21-20 *et seq.* (1977 & Supp. 1982)	Licensing Hospitals, Nursing Homes and Other Health Care Institutions	Mostly E
	Adult Foster Care Homes			E, PH, MI, DD
ALASKA	Adult Residential Care Facilities	Alaska Stat. §§47.30.010 *et seq.* (1979)	Foster Homes, Boarding Homes and Institutions for Children	E, MI, PH
	Adult Foster Care Homes	Alaska Stat. §§47.34.010 *et seq.* (1979)	Foster Homes, Boarding Homes and Institutions for Children	E, MI, PH
	Group Homes	Alaska Stat. §§47.34.010 *et seq.* (1979)	Foster Homes, Boarding Homes and Institutions for Children	E, MI, PH
		Alaska Stat. §§47.80.100 *et seq.* (1979)	Programs for Persons with Handicaps	PH, DD
ARIZONA	Personal Care Homes	Ariz. Rev. Stat. Ann. §§36-401 *et seq.* (1974 & Supp. 1982-83)	Health Care Institutions	E, MI, PH
	Supervisory Care Homes	Ariz. Rev. Stat. Ann. §§36-401 *et seq.* (1974 & Supp. 1982-83)	Health Care Institutions	E, MI, PH

STATE	PROGRAM	OFFICIAL CITATION	POPULAR NAME OF STATUTE	POPULATION SERVED*
ARKANSAS	Long Term Care Boarding Homes	Ark Stat. Ann. §82-2208 *et seq.* (Supp. 1981)	Long Term Care Act	Mostly MI, some E
CALIFORNIA	Residential Facilities	Cal. Health & Safety Code §§1500 *et seq.* (West 1979 & Supp. 1981)	California Community Care Facilities Act	PH, MI, DD, E
	Foster Family Homes	Cal. Health & Safety Code §§1500 *et seq.* (West 1979 & Supp. 1981)	California Community Care Facilities Act	PH, MI, DD, E
COLORADO	Adult Foster Care Homes	Colo. Rev. Stat. §26-1-111(2)(j) (1982)		E, MI
	Residential Care Facilities	Colo. Rev. Stat. §25-1-107 (1982) Colo. Rev. Stat. §§25-3-101 *et seq.* (1982)	Health Care Facilities	E, MI
CONNECTICUT	Homes for Aged	Conn. Gen. Stat. Ann. §§19-576 *et seq.* (West 1977 & Supp. 1982)	Health Care Institutions	E, MI
DELAWARE	Rest (Residential) Homes	Del. Code Ann. tit. 16 §§1101 *et seq.* (1975 & Supp. 1980)	Sanitoria, Rest Homes, Nursing Homes, Boarding Homes & Rel. Institutions	Mostly E, MI, DD
	Rest (Family Care) Homes	Del. Code Ann. tit. 16, §§1101 *et seq.* (1975 & Supp. 1980)	Sanitoria, Rest Homes, Nursing Homes, Boarding Homes & Rel. Institutions	Mostly E, MI, DD
DISTRICT OF COLUMBIA	Community Residential Facilities	D.C. Code Ann. §6-1902(13) (1981)	Rights of the Mentally Retarded Act	E, MR, MI
FLORIDA	Adult Congregate Living Facilities	Fla. Stat. Ann. §§400.401 *et seq.* (West Supp. 1982)	Adult Congregate Living Facilities Act	E, MI
	Adult Foster Homes			E, MI
GEORGIA	Personal Care Homes	Ga. Code §§31-7-1 *et seq.* (1982)	Regulation of Hospitals and Related Institutions	E, MI, DD
HAWAII	Adult Family Boarding Homes	Haw. Rev. Stat. §§346-1, 346-91 to 96 (Supp. 1981); H.B. 3119-82 (amending §346-1)	Services to Adults, Dept. of Social Services and Housing	E, MI, DD
	Care Homes	Haw. Rev. Stat. §321-15.6 (Supp. 1981)		E, MI, DD
ILLINOIS	Community Living Facilities	Ill. Ann. Stat. ch. 111-1/2, §§4181 *et seq.* (Smith-Hurd Supp. 1982–1983)	Community Living Facilities Licensing Act	DD, MR, MI, PH
	Sheltered Care Facililities	Ill. Ann. Stat. ch. 111-1/2, §§4151-113 *et seq.* (Smith-Hurd Supp. 1982–1983)	Nursing Care Home Reform Act	Mostly E, some MR, PH
	Foster Family Homes			E
INDIANA	Residential Care Homes	Ind. Code Ann. §§16-10-4-1 *et seq.* (Burns Supp. 1982)	Health Facilities Law	E, MI
	Boarding Homes for the Aged	Ind. Code Ann. §§16-10-4-1 *et seq.* (Burns Supp. 1982)	Health Facilities Law	E, MI
IOWA	Residential Care Facilities	Iowa Code Ann. §§135C-1 *et seq.* (West 1972 & Supp. 1982–1983)	Health Care Facilities	E, MI, MR
	Family Life Homes	Iowa Code Ann. §234.6(6)(b) (1972 & Supp. 1982–1983)		E, DD, MI, PH

***POPULATION:** E—Elderly; DD—Developmentally disabled; MI—Mentally ill; PH—Physically handicapped or infirm; MR—Mentally retarded.

STATE	PROGRAM	OFFICIAL CITATION	POPULAR NAME OF STATUTE	POPULATION SERVED*
KANSAS	Intermediate Personal Care Beds in ICF & SNF	Kan. Stat. Ann. §§39-923 *et seq.* (1981)	Adult Care Homes Act	E, MI, MR
	Adult Family Homes	Kan. Stat. Ann. §§39-923 *et seq.* (1981)	Adult Care Homes Act	MR, MI, E
	Adult Care Homes	Kan. Stat. Ann. §§39-923 *et seq.* (1981)	Adult Care Homes Act	E
KENTUCKY	Family Care Homes	Ky. Rev. Stat. §§216.510 *et seq.*, 216.750 *et seq.*, 216B.010 *et seq.*, (1982)	Long-Term Care Fac. Act, Licensure & Reg. of Health Fac. & Services Acts	E, MI, DD, MR
	Personal Care Homes	Ky. Rev. Stat. §§216.510 *et seq.*, 216.750 *et seq.*, 216B.010 *et seq.*, (1982)	Long-Term Care Fac. Act, Licensure & Reg. of Health Fac. & Services Acts	E, MI, DD, MR
LOUISIANA				
MAINE	Boarding Care Facilities	Me. Rev. Stat. Ann. tit. 22, §§7901 *et seq.*, (1980 & Supp. 1982) Me. Rev. Stat. Ann. tit. 22, §§7801 *et seq.*, (1980 & Supp. 1982)	Boarding Care Facilities	E, MI, DD
	Adult Foster Care Facilities	Me. Rev. Stat. Ann. tit. 22, §§7901 *et seq.*, (1980 & Supp. 1982)	Boarding Care Facilities	E, MI, DD
MARYLAND	Domiciliary Care Program	Md. Ann. Code art. 19, §§101 *et seq.*, (1982 & Supp. 1982)	Health Care Facilities (Hospitals and Related Institutions)	E, MI, MR
	Sheltered Housing for Elderly	Md. Ann. Code art. 70B, §§1 *et seq.*, (1978 & Supp. 1982)	Office on Aging	E
	Adult Foster Care (local program)			E, PH
	Certified Adult Residential Environment Homes (Project Home)	H.B. 402 (pending)		E, MI, DD
MASSACHUSETTS	Rest Homes	Mass. Ann. Laws ch. 111, §§70 *et seq.*, (Michie/Law. Co-op. 1975 & Supp. 1982)	Public Health Act (Hospitals)	Mostly E
	Group Homes	Mass. Ann. Laws ch. 19, §§1 *et seq.*, (Michie/Law. Co-op. 1980 & Supp. 1982) Mass. Ann. Laws ch. 123, §§1 *et seq.*, (Michie/Law. Co-op. 1981)	Treatment and Commitment of Mentally Ill and Mentally Retarded Persons	Mi, MR
MICHIGAN	Homes for the Aged	Mich. Comp. Laws Ann. §§333.21301 *et seq.*, (Supp. 1982)	Facilities and Agencies, Homes for the Aged Act	E
	Family Homes	Mich. Comp. Laws Ann. §§400.701 *et seq.*, (Supp. 1982)	Adult Foster Care Facilities Act	E, MR, MI, PH
	Group Homes	Mich. Comp. Laws Ann. §§400.701 *et seq.*, (Supp. 1982)	Adult Foster Care Facilities Act	E, MR, MI, PH
	Congregate Facilities	Mich. Comp. Laws Ann. §§400.701 *et seq.*, (Supp. 1982)	Adult Foster Care Facilities Act	E, MR, MI, PH

***POPULATION:** E—Elderly; DD—Developmentally disabled; MI—Mentally ill; PH—Physically handicapped or infirm; MR—Mentally retarded.

STATE	PROGRAM	OFFICIAL CITATION	POPULAR NAME OF STATUTE	POPULATION SERVED*
MINNESOTA	Boarding Care Homes	Minn. Stat. Ann. §§144.50 *et seq.*, (West Supp. 1982–1983)	Licensing of Hospitals and Other Institutions Act	E
MISSISSIPPI	Personal Care Homes	Miss. Code Ann. §§43-11-1 *et seq.*, (1972 & Supp. 1980)	Institutions for the Aged and Infirm	MI, E
MISSOURI	Residential Care Facilities	Mo. Rev. Stat. §§198.003 *et seq.*, (Supp. 1982) Mo. Rev. Stat. §§630.005 *et seq.*, (Supp. 1982)	Convalescent, Nursing and Boarding Home Act Department of Mental Health Act	E, some MI & MR
	Adult Boarding Facilities	Mo. Rev. Stat. §§198.003 *et seq.*, (Supp. 1982)	Convalescent, Nursing and Boarding Homes Act	E
MONTANA	Personal Care Homes	Mont. Code Ann. §§53-5-101 *et seq.*, (1981)	Hospitals and Related Facilities	
	Adult Foster Family Care Homes	Mont. Code Ann. §§53-5-301 to 305 (1981)	Adult Foster Family Care Act	E, MI, DD, PH
NEBRASKA	Domiciliary Care Facilities	Neb. Rev. Stat. §§71-2017 *et seq.*, (1981 & Supp. 1982)	Hospitals	E, MI, DD, PH
	Residential Care Facilities	Neb. Rev. Stat. §§71-2017 *et seq.*, (1981 & Supp. 1982)	Hospitals	E, MI, DD, PH
	Adult Foster Care Program			E, MI, MR
	Boarding Homes	Neb. Rev. Stat. §§71-5901 *et seq.*, (1981)	Boarding Homes	E, MI, DD, PH
NEVADA	Group Care Facilities	Nev. Rev. Stat. §§449.001 *et seq.*, (1981)	Licensing, Regulation and Inspection, Health and Care Facilities Act	E, MR, MI, PH
	Adult Family Care Homes			E
NEW HAMPSHIRE	Shelter Care Homes	N.H. Rev. Stat. Ann. §151-A *et seq.*, (1981 & Supp. 1982)	Health Facilities Licensing Law	E
	Shared Homes	N.H. Rev. Stat. Ann. §151-A *et seq.*, (1981 & Supp. 1982)	Health Facilities Licensing Law	E
NEW JERSEY	Rooming and Boarding House, Level C	N.J. Stat. Ann. §§55:13B-1 *et seq.*, (West Supp. 1982)	Rooming and Boarding Houses Act of 1979	E, MI, DD, PH
	Residential Health Care Facilities	N.J. Stat. Ann. §§26:2H-1 *et seq.*, (West Supp. 1982)	Health Care Facilities	E, MI, DD, PH
NEW MEXICO	Adult Residential Sheltered Care Homes	N.M. Stat. Ann. §§24-1-1 *et seq.*, (1981)	Public Health	E
NEW YORK	Family Type Homes	N.Y. Soc. Serv. Law §§460 *et seq.*, (McKinney Supp. 1981–1982)	Residential Care Programs for Adults and Children Act	E, MI, DD, PH
	Residences for Adults	N.Y. Soc. Serv. Law §§460 *et seq.*, (McKinney Supp. 1981–1982)	Residential Care Programs for Adults and Children Act	E, MI, DD, PH
	Adult Homes	N.Y. Soc. Serv. Law §§460 *et seq.*, (McKinney Supp. 1981–1982)	Residential Care Programs for Adults and Children Act	E, MI, DD, PH

***POPULATION:** E—Elderly; DD—Developmentally disabled; MI—Mentally ill; PH—Physically handicapped or infirm; MR—Mentally retarded.

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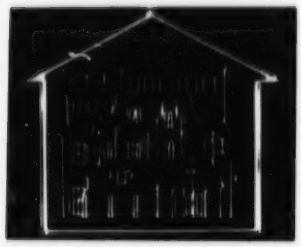
STATE	PROGRAM	OFFICIAL CITATION	POPULAR NAME OF STATUTE	POPULATION SERVED*
NORTH CAROLINA	Family Care Homes	N.C. Gen. Stat. §§131D-1 *et seq.*, (1981 & Supp. 1982)	Licensing of Facilities	E, MI, DD, PH
	Group Homes for the Developmentally Disabled	N.C. Gen. Stat. §§131D-1 *et seq.*, (1981 & Supp. 1982)	Licensing of Facilities	E, MI, DD, PH
	Homes for the Aged and Disabled	N.C. Gen. Stat. §§131D-1 *et seq.*, (1981 & Supp. 1982)	Licensing of Facilities	E, MI, DD, PH
NORTH DAKOTA	Homes for the Aged and Infirm	N.D. Cent. Code §§50-18-01 *et seq.*, (1981)	Boarding Homes for Aged and Infirm	E, PH, some MI & DD
	Foster Care Homes for Adults	N.D. Cent. Code §§50-11-00.1 *et seq.*, (1981)	Foster Care Homes for Children and Adults	E, some MI
OHIO	Rest Homes	Ohio Rev. Code Ann. §§3721.01 *et seq.*, (Page Supp. 1981)	Rest Homes, Nursing Homes	E
	Adult Family Homes and Group Homes	Ohio Rev. Code Ann. §§5103.30-.34, .99 (Page 1981)	Adult Foster Care Facilities	E
		Ohio Rev. Code Ann. §173.021 (Page Supp. 1981)	Sheltered Housing for Adults	
OKLAHOMA	Room & Board Homes	Okla. Stat. tit. 63, §§1-1901 *et seq.*, (Supp. 1981-1982)	Nursing Home Care Act	E
OREGON	Residential Care Facilities	Or. Rev. Stat. §§443.400 *et seq.*, 479.210 *et seq.*, 431.325 *et seq.*, (1981)	Lic. of Res. Fac., Inspection of Inst., Lic. of Health Fac. Acts	E, PH
	Adult Foster Care Homes			E, MI, MR, PH
PENNSYLVANIA	Personal Care Boarding Homes	Pa. Stat. Ann. tit. 62 §§901 *et seq.*, (Purdon 1968 & Supp. 1982)	Departmental Powers & Duties as to Supervision	E, MI, some DD
		Pa. Stat. Ann. tit. 62, §§1001 *et seq.*, (Purdon 1968 & Supp. 1982)	Departmental Powers & Duties as to Licensing	
	Domiciliary Care Homes	Pa. Stat. Ann. tit. 71, §§581-1 *et seq.*, (Purdon Supp. 1982)	Department of Aging	E, PH, MI, DD
	Adult Foster Homes			E, MI, DD, PH
RHODE ISLAND	Shelter Care Facilities	R.I. Gen. Laws §§23-17.4-1 *et seq.*, (1979 & Supp. 1980)	Regulation of Homes for Sheltered Care of Adults	Mostly E
SOUTH CAROLINA	Residential Care Facilities	S.C. Code Ann. §§43-28-10 *et seq.*, (Law. Co-op. Supp. 1982)	Residential Care Facilities Act	Mostly E MI, some MR
SOUTH DAKOTA	Supervised Personal Care Facilities	S.D. Codified Laws Ann. §§34-12-1 *et seq.*, (1976 & Supp. 1982)	Regulation of Hospitals and Related Institutions Act	MI, E, some MR
	Adult Foster Homes	S.D. Codified Laws §28-1-39 (Supp. 1982)	Public Welfare Assistance Act	E, MI, DD, MR

***POPULATION:** E—Elderly; DD—Developmentally disabled; MI—Mentally ill; PH—Physically handicapped or infirm; MR—Mentally retarded.

STATE	PROGRAM	OFFICIAL CITATION	POPULAR NAME OF STATUTE	POPULATION SERVED*
TENNESSEE	Homes for the Aged	Tenn. Code Ann. §§53-1301 *et seq.*, (1977 & Supp. 1982)	Regulation of Health and Related Facilities	E
TEXAS	Custodial Care Homes	Tex. Rev. Civ. Stat. Ann. art. 4442C (Vernon 1976 & Supp. 1982–1983)	Convalescent & Nursing Homes and Related Institutions Act	E, MI, some MR
	Personal Care Homes	Tex. Rev. Civ. Stat. Ann. art. 4442C (Vernon 1976 & Supp. 1982–1983)	Convalescent & Nursing Homes and Related Institutions Act	E, MI, some MR
UTAH	Residential Care Facilities	Utah Code Ann. §§26-17-1 *et seq.*, (Supp. 1981)	Health Facility Licensure and Inspection Act	E
	Adult Foster Care Facilities	Utah Code Ann. §§55-15C-1 *et seq.*, (Supp. 1981)	Individual and Family Services	E, DD
VERMONT	Community Care Homes III	Vt. Stat. Ann. tit. 18, §2001 *et seq.*, (1968 & Supp. 1981)	Licensing of Nursing Homes	E, MI, MR
	Community Care Homes IV	Vt. Stat. Ann. tit. 18, §2001 *et seq.*, (1968 & Supp. 1981)	Licensing of Nursing Homes	E, MI, MR
	Therapeutic Community Residence	Vt. Stat. Ann. tit. 18, §2001 *et seq.*, (1968 & Supp. 1981)	Licensing of Nursing Homes	E, MI, MR
VIRGINIA	Homes for Adults	Va. Code §§63.1-72 *et seq.*, (1980)	Licensing of Homes for Aged, Infirm, or Disabled Adults Act	E, MR, MI
	Adult Family Care and Foster Family Supervision Homes	Va. Code §§63.1-55.1:1 (Supp. 1982)		E, MI, MR
WASHINGTON	Boarding Homes	Wash. Rev. Code Ann. §§18.20.010 *et seq.*, (1978 & Supp. 1982)	Boarding Homes	E, MI, DD
	Congregate Care Facilities			E, MI, PH
	Adult Family Home Program	Wash. Rev. Code Ann. §§74.08.044-.045 (1982)	Public Assistance: Standards for Eligibility	E, MI, DD, PH
		Wash. Rev. Code Ann. §§74.15.010 *et seq.*, (1981)	Public Assistance: Agencies for Care of Children, Expectant Mothers and DD	E, MI, DD, PH
WEST VIRGINIA	Personal Care Homes	W. Va. Code §§16-5C-1 *et seq.*, (1979)	Nursing and Personal Care Homes	E, MI, DD
	Adult Family Care Homes			E, MI, DD, PH
WISCONSIN	Community Based Residential Facilities	Wis. Stat. Ann. §§50.001 *et seq.*, (West Supp. 1982)	Uniform Licensure Law	E, DD, MI, PH
	Adult Family Homes			E, MI, DD, PH
WYOMING	Rest Homes (in licensing process)	Wyo. Stat. §§35-2-101 *et seq.*, (1977 & Supp. 1982)	Hospitals and Related Institutions Act	
	Adult Foster Care Homes			E, DD

***POPULATION:** E—Elderly; DD—Developmentally disabled; MI—Mentally ill; PH—Physically handicapped or infirm; MR—Mentally retarded.



Consumer Affairs
Program Department

American Association
of Retired Persons
1909 K Street, N.W.
Washington, D C 20049

PF 3714(888) . D12446